



*City of Charleston*  
*Building Inspections Division*  
*Board of Appeals Application*

Date \_\_\_\_\_ Case # \_\_\_\_\_ Address \_\_\_\_\_

Type of Construction \_\_\_\_\_ Use of Building \_\_\_\_\_

Property Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

In accordance with the City of Charleston Municipal Code, Section 7-2, I hereby appeal to the Board of Appeals. Following is the appeal:

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**Attach any pertinent information to this appeal. The cost of an appeal is \$25.00.**

***Unless the City of Charleston receives prior notification, the appellant is required to be at the appeal hearing as scheduled. If the appeal applicant misses the appeal hearing, the appeal will be dismissed. In order to be re-scheduled to be heard, the appeal will be required to be refiled including an additional filing fee. Please make sure contact information is correct and legible so we can contact you about any changes that may occur as to dates, venues or time for hearings.***

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Meetings are usually scheduled the second Monday of the month at 4:30 p.m. and held in the Main Conference Room, Third Floor, 75 Calhoun Street, Charleston, SC.

Date Fee Received \_\_\_\_\_ Date of Meeting \_\_\_\_\_